

STATE OF DELAWARE
MOTOR FUEL TAX ADMINISTRATION
P O DRAWER E
DOVER DELAWARE 19903
TELEPHONE: 302-744-2724

Agency Use Only – Date Received

APPLICATION FOR MOTOR FUEL (GASOLINE) TAX REFUND

Applicants Soc. Sec. No. Or Fed. E.I. No.: _____ Telephone Number: () _____

Application is hereby made by: _____
First Name Middle Name Last Name

Address: _____
City State Zip

For refund of the tax paid on motor fuel (gasoline) purchased and used for a purpose other than a motor vehicle licensed to operate in whole or in part upon a public highway in accordance 30 Del C c. 51 § 5120, and Section G of the Promulgated Regulation.

IF FUEL WAS PURCHASED IN BULK, PLEASE GO TO PAGE TWO FIRST.

PURCHASES

- 1) Gallons purchased for **agricultural** purposes (tractors, unlicensed trucks, etc.) _____
- 2) Gallons purchased for **commercial** purposes (tractors, shovels, bulldozers, etc.) _____
- 3) Gallons purchased for use in **watercraft**..... _____

Watercraft Registration Number(s)

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- 4) Gallons purchased for use in **aircraft**..... _____

Tail Number(s)

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REFUND COMPUTATIONS

Total gallons on which refund is claimed

(Line 1 + Line 2+ Line 3+ Line 4) _____ x 23 cents..... \$ _____

I hereby swear or affirm that these statements are true and correct, that the tax has been paid and the refund due is in accordance with 30 Del C c. 51 § 5120, and Section G of the Promulgated Regulation.

Print Name

Signature

Date

Agency Use Only

APPLICATION FOR MOTOR FUEL (GASOLINE) TAX REFUND

- Complete the following section **ONLY** if either of the following applies:
 1. *Bulk fuel was purchased by you, placed in a bulk supply tank owned/controlled by you, then placed into the supply tank of licensed vehicles which have no other verifiable fuel source, OR*
 2. *Bulk fuel was purchased by you, placed in a bulk supply tank owned/controlled by you, then placed into licensed vehicles, which also received fuel purchased at retail stations. Submit retail receipts indicating the vehicles for which fuel was purchased.*
- Complete all columns below with the licensed gasoline vehicles which you own or use, (cars, trucks, farm trucks, pick-ups, etc.), and any other vehicles which fueled from the bulk tank during the claim period.
- Farm Truck (FT) plates are considered licensed vehicles and you may not claim a refund on any gasoline used by those vehicles.
- If you sell or trade a vehicle within the reporting period please list the beginning and ending odometer reading of the sold/traded vehicle as well as the new vehicle.
- Odometer readings of all licensed vehicles are required in order for this claim to be processed.
- It is your responsibility to keep track of odometer mileage. This office will not supply that information. Inconsistencies identified through verification of odometer readings may result in adjustments or claim disallowance.

YEAR	MAKE	BODY TYPE	TAG NUMBER	STATE	ODOMETER (BEGINNING OF CLAIM PERIOD) (A)	ODOMETER (END OF CLAIM PERIOD) (B)	TOTAL MILES TRAVELED (B-A)	AVERAGE MILES PER GALLON	GALLONS USED

Total gallons used in licensed vehicles _____

Gallons Purchased in **Bulk** _____

Gallons Purchased from **Retail** _____

TOTAL GALLONS PURCHASED (bulk + retail) _____

Gallons used in licensed vehicles from above _____

TOTAL GALLONS REQUESTED FOR REFUND _____
(bulk + retail – licensed vehicles gasoline)

**Carry total gallons requested for refund to the appropriate line on Page One
(Line 1, Agricultural; Line 2, Commercial; Line 3, Watercraft; and Line 4, Aircraft)**



STATE OF DELAWARE SUBSTITUTE FORM W-9

The State of Delaware requires the following information for all vendors (payees) before any payments can be made. This information is used to populate and maintain the State's vendor file.

☐ New Vendor ☐ Change Profile ☐ Additional Address

*Taxpayer ID:

☐ SSN

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OR

☐ EIN

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If a Foreign company, use IRS
Form W-8 available at IRS.gov

*Payment Method:

The State reserves the right to provide payment by any of the following methods:
credit card, ACH or by check, at the State's option.

*Can you accept payment by credit card? ☐ Yes ☐ No

Comments:

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Applicant Information:

Applicant Name
(individual or entity):

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Name on IRS record
(if different from above):

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Applicant Remittance Address:

* Address Line 1:

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Address Line 2:

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* City:

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* State:

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* Zip:

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* Contact Name:

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* Phone #:

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Extension:

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Fax #:

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Contact E-mail
address:

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Applicant Ordering Address:

☐ Check if same as Remittance Address (above)

* Address Line 1:

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Address Line 2:

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* City:

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* State:

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* Zip:

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* Contact Name:

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* Phone #:

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Extension:

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Fax #:

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Contact E-mail
address:

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Additional Reporting Elements:

Please check all
that apply:

☐ Women-Owned ☐ Minority Owned ☐ Small business

* 1099 Withholding
Type and Class:

<input type="radio"/> 1099	<input type="checkbox"/> Rents	<input type="checkbox"/> Gross Attorney Proceeds	<input type="checkbox"/> Other Income
	<input type="checkbox"/> Non-Employee Compensation	<input type="checkbox"/> Medical & Health Care	
(Default reportable status is Non Employee Compensation)			
<input type="radio"/> 1099 G	<input type="checkbox"/> Agriculture Payments		
<input type="radio"/> 1099 I	<input type="checkbox"/> Interest		
<input type="radio"/> Not subject to 1099 reporting because business is incorporated and not providing legal or medical services			

* Indicates a required field

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or) I am waiting for a number to be issued to me, AND
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The IRS has notified me that I am no longer subject to backup withholding, AND
3. I am a U.S. citizen or other U.S. person (defined below).

Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in regulations section 301.7701-7)

"The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding."

Signature:

Date: